

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
09779113

FILING DATE
29-01

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2		/		/		
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26		/				
27		/				
28		7				
29		4				
30		4				
31		4				
32		1				
33		1				
34		1				
35		2				
36		2				
37		1				
38		1				
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49						
50						
TOTAL IND.	5		4			
TOTAL DEP.	18	↔	45	↔	↔	
TOTAL CLAIMS	23		54			

*	IND.	DEP.	*	IND.	DEP.	*
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100						
TOTAL IND.				↔	↔	↔
TOTAL DEP.				↔	↔	↔
TOTAL CLAIMS						